

Exhibit GGGG

3/21/12 chronic appeal

Remediation failures:
2 patient examples
Not on time

Wood - said no; didn't do 4:00 exam.
Didn't tell her did @ 2:00/2:30.
Had not documented exam; did
w/in 48 hrs.
Just answered no ~~to just~~ other
info.
No excuses. just sorry & no -

Grabowski said response didn't
make sense. Wanted to write
one leg was 3 in. shorter than
other per his exam.

Koon - What could he have done
different? Rm. for improvement?
Yes.

Delayed arrival of ~20 min. (Was in
clinic but didn't want to ask Voss
to leave early - close to noon
anyway).

Was care appropriate level expected
for P6y 2 who had been out
of pt. care for 6 wks.

Late - Hoover called. Was late
All pta. were seen. Not a real
issue.

You're right. Made mistakes.
Dry. Let's move on. What
can I learn from this.

Both cases within 24 hr. span.

Emphasis that he provided compassionate
care. I'm welcome to talk to
pt.

Regarding the haemophilic patient with LLE swelling:

The patient presented with swelling of his LLE. He had last been examined at about midnight and would be examined again at 6AM. I was asked to perform a serial exam on the patient at "about four o'clock." I saw the patient for follow-up check at about halfway between the two projected exam points for possible eval for compartment syndrome (at about 2:30AM on 3/1/12). The patient was in no acute distress, but he did have a slight grimace on his face when I walked in (he was moving his left lower extremity at that time). I asked him if he was about the same, worse or better. He stated that he "felt the same." His LLE was elevated on 3 pillows. Compartments felt similar in pressure to before. Patient was able to wiggle his toes. Some pain on passive ROM of left ankle -- again unchanged from before. Mild numbness on the dorsum of foot -- similar to slightly improving from exam a few hours ago. Strong DP pulse. Foot was warm and well perfused.

Regarding L.O. (the spinal patient):

I was called sometime after 11:30AM on 2/24/12 by the nurse stating that the patient was having difficulty moving RLE with PT today. I knew the patient was having more pain of the RLE with activity, and asked the nurse to verify if there was a neuro deficit, or if this was compensation for pain (nurse had not assessed the patient, only saying what PT had said). I received repeat page from the nurse 20-30 minutes later saying the patient was unable to dorsiflex her foot. At that point I left clinic and went across the street to see the patient. She was in the restroom. I waited for several minutes, for her to finish. She remained on the toilet. I notified Dr. Grabowski that she was on the toilet and what happened. Several repeat attempts were made to see patient.

As soon as patient was done on the toilet, I personally assisted her from the bathroom to her bed. She was noted to have some difficulty dorsiflexing right foot while ambulating. She was dragging her right foot. I helped her to the bed. My exam revealed 2/5 R knee extension strength. She was unable to flex her knee, ankle dorsiflex or plantar flex, but was able to wiggle her toes on the right. She maintained a good DP pulse. I completed my exam, and she became tearful and emotional, and I spent some time at bedside consoling and discussing my findings with her and attempting to let her know that we would do whatever needed to be done -- I told her I would discuss all my findings with Dr. Grabowski and he would be by soon to see her.

I notified Dr. Grabowski of these findings. I notified him that the patient had difficulty walking and almost no motor function in the right quad/hamstring/gastroc/soleus muscle group. Dr. Grabowski informed me that my exam was incongruent with my observation of the patient walking, and that there was likely an error in my exam. Accordingly I did not write a note at that point; I had previously been directed to not write notes in the chart with findings that may be incongruent (this came up with regards to leg length discrepancy in a prior patient). Accordingly I did not write a note as I was led to believe that my physical exam findings were inaccurate, and I did not want to put something potentially damaging on the chart, until I could fully discuss this with my attending.

The patient was subsequently examined by Dr. Grabowski and he told me via phone to order a stat MRI. I placed the order for the MRI and called radiology and told them to expedite the scan as this was for a possible stat OR case. They informed me there were two patients currently in the scan or scanner area (one was a PICU patient). I told them to do whatever they could do to expedite this scan as there was potential permanent neurological damage at risk here. I stayed in touch with radiology. The scan was again slightly delayed when the patient was unable to be transferred over to the scanner from the stretcher because she required a push of IV morphine which I gave a verbal for the nurse to give. Subsequently, the scan was completed and as soon as the scan was done I communicated to Dr. Grabowski that the scan was completed, and what the findings were. The patient was then scheduled for an emergent decompression in the OR. There was obviously very real gravity to this case, and I did not ask any additional questions of the attending or say anything in addition to the information I was required to communicate. I scrubbed in on the case until Dr. Hoover scrubbed in and told me to break scrub.

March 13, 2012

Afraaz Irani, MD
Department of Orthopaedics
2 Medical Park Drive, Suite 404
Columbia, South Carolina 29203

Dear Dr. Irani,

As per Dr. Koon's attached email dated March 13, 2012, he advised you on the afternoon of March 13, 2012 that the Department of Orthopaedics has not changed its recommendation to the GMEC regarding your remediation. At which time you advised Dr. Koon that the Department's response is unsatisfactory to you and you desire to initiate the grievance process. As per the Grievance and Due Process Policy, your discussion with Dr. Koon and your decision to initiate the grievance process has satisfied the terms of Section 1.1 of the policy.

Please be advised of the following time line relative to the remaining steps in grieving your current remediation.

- You must discuss the grievance with your Director of Education, Dr. John Walsh, by March 20, 2012, who will then have five (5) business days to resolve the matter.
- If you find Dr. Walsh's response unsatisfactory, you must immediately request a meeting with the DIO, Dr. Katherine Stephens, which will be arranged by the Director of Education or his/her designee no more than ten (10) business days from the date of the request.
- The DIO will respond to you in writing within ten (10) business days from the date your meeting is held.
- If you find the DIO's response unsatisfactory, you may appeal through the Palmetto Health Human Resources to a Dispute Resolution Committee by contacting Human Resources within ten (10) business days from the decision of the DIO.

Sincerely,

Katherine G. Stephens, PhD, MBA, FACHE
Vice President for Medical Education and Research
Designated Institutional Official

From: David Koon <David.Koon@uscmed.sc.edu>
To: Afraaz Irani <afraaz.irani@hotmail.com>, "Kathy.Stephens@PalmettoHealth....
Date: 3/13/2012 2:39 PM
Subject: RE: Level III remediation

I spoke with Afraaz this afternoon and gave him an update re: our inquiry into the two patient encounters. He has provided me with a MoR which I have forwarded to Dr.s Wood, Grabowski, and Stephens for their review.

I informed him that I had received a MoR from Dr. Wood re: the hemophiliac patient and I'm awaiting one from Dr. Grabowski re: the spine patient.

At this point, the department has not changed it's recommendation to the GMEC.

He would like to initiate the Grievance process and I would consider his discussion with me as the first step, even though it was not initiated within the five (5) business days as required (Resident Manual, Grievance and Due Process policy, 1.1).

His next step would be to meet with Dr. Walsh within the next five (5) business days and I have cc'd him (and Laura Rasmussen) on this message.

DK

From: Afraaz Irani [afraaz.irani@hotmail.com]
 Sent: Tuesday, March 13, 2012 1:43 PM
 To: David Koon
 Subject: RE: Level III remediation

Dr. Koon,

I would like to meet to discuss the memorandum and the actions proposed. Let me know when you have some time.

Thanks,
 Afraaz

> From: David.Koon@uscmed.sc.edu
 > To: Afraaz.irani@gmail.com; John.Walsh@uscmed.sc.edu; Kathy.Stephens@PalmettoHealth.org
 > Date: Mon, 5 Mar 2012 14:40:12 -0500
 > Subject: Level III remediation

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> Afraaz -

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> Please review the attached memorandum.

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> I would like to have your recollection of events surrounding both patients by the end of the week.

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> Feel free to contact any of the faculty or Dr. Stephens if you have questions.

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> DK

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